BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09835875

CLAIMS AS FILED - PART I (Column 1) (Column 2)						mn 2)	SMALL ENTITY TYPE OR				OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			(Columni	!/	(Colui	11(1/2)	; 			OR		
TO TAL CLAIMO							L	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA	Ľ	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			17 minus 20=		. 0			X\$ 9=		OR	X\$18=	r
INDEPENDENT CLAIMS			7 minus 3 =		7			X40=		OR	X80=	320
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If	the difference	in column 1 is	ro, ente	r "0" in c	olumn 2	•	TOTAL		OR	TOTAL	1030	
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN
	(Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR .	SMALL	ENTITY
AMENDMENT A	and the second	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	·
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
	•							TOTAL		OR	TOTAL	-
		(Column 1)		(Colu	mn 2)	(Column 3)	Д	DDIT. FEE			ADDIT. FEE	
	Elisa Harris	CLAIMS			HEST	(Column 3)	Г		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		, RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OH		
										OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT						I ⊦			OR		
	16 AL		h	6	- 407	h 0		+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		imber Previously Pa iber Previously Pa					r four	nd in the app	ropriate box	k in col	umn 1.	